

Attorney's Docket No. 3068B/R

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COMBINED DECLARATION AND POWER OF ATTORNEY  
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR CIP)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**This declaration is of the following type: *(check one applicable item below)*

- |                                     |                                       |                                                                |
|-------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> original   | <input type="checkbox"/> design       | <input type="checkbox"/> supplemental                          |
| <input type="checkbox"/> divisional | <input type="checkbox"/> continuation | <input checked="" type="checkbox"/> continuation-in-part (CIP) |

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**AMINO ALKYLPHENOL EMULSIFIERS FOR AN AQUEOUS HYDROCARBON FUEL

insert title above

**SPECIFICATION IDENTIFICATION**the specification of which: *(complete (a), (b) or (c))*(a) ☒ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title..(b) ☐ was filed on \_\_\_\_\_ as ☐ Serial No. 0/\_\_\_\_\_ or☐ Express Mail No. \_\_\_\_\_, ☐ and was amended on \_\_\_\_\_ *(if applicable)*.**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

David M. Shold, 31,664  
Samuel B. Laferty, 31,537  
Teresan W. Gilbert, 31,360

Michael F. Esposito, 29,506  
Joseph P. Fischer, 31,758  
Jeffrey F. Munson, 45,705

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION  
Patent Dept. - Patent Administrator-022B  
29400 Lakeland Boulevard  
Wickliffe, OH 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number)

Teresan W. Gilbert  
(440) 347-5072

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

Full name of sole or first inventor

Brian B. Filippini  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship U.S.A.

Residence Mentor, Ohio

Post Office Address 5800 South Winds Drive #132  
Mentor, OH 44060

Full name of second joint inventor, if any

John W. Forsberg  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship U.S.A.

Residence Mentor, Ohio  
(city and state or foreign country)

Post Office Address 6500 Barbara Drive  
Mentor, OH 44060

Docket No. 3968B/R

Full name of third joint inventor, if any

Thomas

(GIVEN NAME)

F.

(MIDDLE INITIAL OR NAME)

Steckel

(FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship U.S.A.

Residence Chagrin Falls, Ohio

Post Office Address 4175 Giles Road  
Chagrin Falls, OH 44022

Full name of fourth joint inventor, if any

David

(GIVEN NAME)

J.

(MIDDLE INITIAL OR NAME)

Moreton

(FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship England

Residence Derbyshire, England

Post Office Address Chevin Brae, Morrells Lane, Chevin Road  
Milford, Belper, Derbyshire DE56 0QH, England

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART  
OF THIS DECLARATION

☒ Signature for fifth and subsequent joint inventors. Number of pages  
added \_\_\_\_.

☒ Added pages to combined declaration and power of attorney for divisional, continuation,  
or continuation-in-part (CIP) application or for claiming priority from a provisional application.

☒ Number of pages added 2.

\* \* \* \* \*

If no further pages form a part of this Declaration then end this Declaration with this page  
and check the following item

☐ This declaration ends with this page

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR  
DIVISIONAL, CONTINUATION AND CIP APPLICATION**

*(complete this part only if this is a divisional, continuation or CIP application)*

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER  
35 U.S.C. 120**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States applications) or PCT International application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:</b>				
<b>U.S. APPLICATIONS</b>		<b>Status (Check one)</b>		
<b>U.S. APPLICATIONS</b>	<b>U.S. FILING DATE</b>	<b>Patented</b>	<b>Pending</b>	<b>Abandoned</b>
<b>1. 09/483,481</b>	January 14, 2000		X	
<b>2. 09/390,925</b>	September 7, 1999		X	
<b>3. 09/349,268</b>	July 7, 1999		X	
<b>4. 09/755,577</b>	January 5, 2001		X	

**[ ] I HEREBY CLAIM THE BENEFIT UNDER 35 U.S.C. § 119(E) OF ANY UNITED  
STATES PROVISIONAL APPLICATION(S) LISTED BELOW:**

<b>U.S. PROVISIONAL APPLICATION</b>	<b>FILING DATE</b>
<b>1. 60/</b>	
<b>2. 60/</b>	
<b>3. 60/</b>	

Docket No. 3068B/R

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNATURE BY FIFTH AND SUBSEQUENT INVENTORS**

Full name of fifth inventor, if any

Rodney J. McAtee  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship England

Residence Derbyshire, England

Post Office Address 10 Maidwell Close  
Belper, Derbyshire DE56 1TE, England

Full name of sixth inventor, if any

\_\_\_\_\_  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of seventh inventor, if any

\_\_\_\_\_  
(GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_